Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)					
Taxpayer's name	Social security number				
LAXMAN KUMAR KEETHA	184-79-	0634			
Spouse's name	Spouse's soci	al security	number		
MOUNIKA KEETHA	989-91-	-3312			
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you ar	e autho	rizing.)		
Enter whole dollars only on lines 1 through 5.					
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1 Adjusted gross income		1		471.	
2 Total tax		2		093.	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		420.	
4 Amount you want refunded to you		4	7 ,	327.	
5 Amount you owe		5			
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and & Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)					
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transm to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indipayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requipusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I at Electronic Funds Withdrawal Consent.	ection of the tra S. Treasury and cated in the talen to debit the the authorizatests must be processing of ayment. I furth	ansmission and its design and its design and prepara antry to the tion. To re received the electroner acknown	n, (b) the gnated Fition softward saccoule coule no later onic paying the model of the coule described in the coule of the	reason inancial ware for int. This ancel) a than 2 ment of that the	
Taxpayer's PIN: check one box only					
▼ I authorize GLOBAL TAXES LLC to enter or generate to enter or	my PINI 9	0 6 3	3 4	as my	
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ento	er five digi o't enter all	ts, but	as my	
I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.					
Your signature ▶ Date ▶					
Chausala DINI ahaak aha hay ahir					
Spouse's PIN: check one box only X I authorize GLOBAL TAXES LLC to enter or generate	mv PIN 1	3 3 :	1 2		
	,	er five digit		as my	
signature on the income tax return (original or amended) I am now authorizing.		't enter all			
I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.					
Spouse's signature ▶ Date ▶					
Practitioner PIN Method Returns Only—continue below					
Part III Certification and Authentication — Practitioner PIN Method Only					
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 6 Don't ente	6 0 8 er all zeros	2 7	1	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income ta authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of Ir	itting this retu	rn in acco	ordance v		
EBO's signature					
ERO's signature ► Date ► FRO Must Retain This Form — See Instructions					

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	e Only-	-Do not w	rite or sta	aple in this sp	pace.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		I	, 2023, end	ling			, 20		See se	oarate i	instruction	ns.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity numl	ber
LAXMAN E	KUMAI	R	KEET	'HA							184	79	0634	
		s first name and middle initial	Last na										security n	ıumber
MOUNIKA			KEET	'HA							989	91	3312	
	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.				ection Carr	npaign
9952 ноі	Y LI	N							SS	- 1			ou, or you	
		ce. If you have a foreign address, also co	mplete s	paces belo	ow.	Sta	te	ZIP c				•	jointly, wa	
DES PLAI	INES					II		600	16		•		nd. Checki not change	_
Foreign country			1	Foreign pro	ovince/state/	count	ty	Foreig	n postal c	- 1	your tax		•	Ü
												Yo	ou 🗌 S	pouse
Filing Status	. [Single					Head of h	ouseh	old (HOI	H)				
Check only		Married filing jointly (even if only o	ne had i	ncome)					`	,				
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)			
	lf y	ou checked the MFS box, enter the	name o	of your sp	ouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
		alifying person is a child but not you												
<u></u>	^+ o	ny time during 2023, did you: (a) rece	oive (ee											
Digital Assets		ny time during 2023, did you: (a) receivange, or otherwise dispose of a digi										ΠYe	es 🗵 N	Jo.
		eone can claim: You as a de					a dependent), (O	30 11101114	Otion	o.,		, <u>o</u>	
Standard Deduction	_	Spouse itemizes on a separate return	•		•		•							
Deddotton	<u> </u>		11 O1 you	- Word a C	duai Status	ancii								
Age/Blindness	You	: Were born before January 2, 1	959	_ Are bli	nd Sp	ouse	: U Was bor						s blind	
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	nip (4						
If more	(1) F	irst name Last name			number		to you		Child t	tax cre	edit	Credit fo	r other depe	endents
than four														
dependents, see instructions	s —													
and check	. —									<u> </u>			Щ_	
here L														
Income	1a	Total amount from Form(s) W-2, be	•		,						1a		129,2	01.
Attach Form(s)	b	Household employee wages not re									1b			
W-2 here. Also	С	Tip income not reported on line 1a	•		•						1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)				1d			
1099-R if tax	е	Taxable dependent care benefits f									1e	_		
was withheld.	f	Employer-provided adoption bene	tits fron	n Form 88	339, line 29	•					1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g			
W-2, see	h	Other earned income (see instructi	,					· ·			1h			0.
instructions.	i	Nontaxable combat pay election (s	see insti	ructions)			<u>1</u> i						100 0	0.1
	<u>z</u>	Add lines 1a through 1h			· · i						1z	_	129,2	<u>υ</u> Ι.
Attach Sch. B if required.	2a		2a				axable interes				2b	_		
roquirou.	3a		3a				ordinary divide				3b	_		
Standard	4a		4a				axable amoun				4b	_		
Deduction for—	5a		5a				axable amoun				5b	_		
Single or Married filing	6a	,	6a				axable amoun	τ		٠ ـ	6b			
separately, \$13,850	C -	If you elect to use the lump-sum e				`	,				- I			
Married filing	7	Capital gain or (loss). Attach Sched								. L	7		12 7	20
jointly or Qualifying	8	Additional income from Schedule									8		-13 , 7	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•							9		115,4	/ 1 .
\$27,700 Head of	10	Adjustments to income from Sche									10		11	71
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-							11		115,4	
If you checked	12	Standard deduction or itemized									12		27 , 7	υυ.
any box under Standard	13	Qualified business income deducti									13		07.7	0.0
Deduction, see instructions.	14 15	Add lines 12 and 13									14		27 , 71	

Particular Par	10,093.
18	10,093.
19	10,093.
20 Amount from Schedule 3, line 8	
21	
22 Subtract line 21 from line 18. If zero or less, enter -0- 23 Other taxes, including self-employment tax, from Schedule 2, line 21 24 Add lines 22 and 23. This is your total tax 24 Payments 25 Federal income tax withheld from: a Form(s) W-2 b Form(s) 1099 c Other forms (see instructions) d Add lines 25a through 25c 26 2023 estimated tax payments and amount applied from 2022 return qualifying child, attach Sch. EIC. 27 Earned income credit (EIC) 28 Additional child tax credit from Schedule 8812 29 American opportunity credit from Form 8863, line 8 29 American opportunity credit from Form 8863, line 8 29 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 31 Add lines 25d, 26, and 32. These are your total payments 32 Add lines 25d, 26, and 32. These are your total payments 33 Amount of line 34 you want refunded to you. If Form 8888 is attached, check here □ 35a Direct deposit? b Routing number 0 4 4 4 0 0 0 0 0 0 3 7 c Type: ☑ Checking □ Savings	
23	
Payments 24	10,093.
Payments 25	0.
Payments 25	10,093.
a Form(s) W-2	
c Other forms (see instructions) 25c d Add lines 25a through 25c 25d If you have a qualifying child, attach Sch. EIC. 26 227 27 28 Additional child tax credit from Schedule 8812 28 29 American opportunity credit from Form 8863, line 8 29 30 Reserved for future use 30 31 Amount from Schedule 3, line 15 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 33 Add lines 25d, 26, and 32. These are your total payments 33 Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a Direct deposit? b Routing number 0 4 4 0 0 0 0 7 7 c Type: Checking Savings	
d Add lines 25a through 25c	
26 2023 estimated tax payments and amount applied from 2022 return	
27 Earned income credit (EIC)	17,420.
Particular Par	
28 Additional child tax credit from Schedule 8812	
30 Reserved for future use	
31 Amount from Schedule 3, line 15	
32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	
33 Add lines 25d, 26, and 32. These are your total payments	
Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	
35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	17,420.
Direct deposit? b Routing number 0 4 4 0 0 0 0 3 7 c Type: X Checking Savings	7,327.
	7,327.
See instructions	
See instructions. d Account number 8 9 5 1 2 1 2 0 7	
36 Amount of line 34 you want applied to your 2024 estimated tax 36	
Amount 37 Subtract line 33 from line 24. This is the amount you owe.	
You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions	
38 Estimated tax penalty (see instructions)	
Third Party Do you want to allow another person to discuss this return with the IRS? See	
	⊠ No
Designee's Phone Personal identification name no. number (PIN)	
Sign Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of belief they are true correct and complete. Perfection of property (about they take up a life formation of which property).	my knowledge and
belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	
	you an Identity
	I, enter it here
Joint return? SOFTWARE EMPLOYEE (see inst.)	
	your spouse an ction PIN, enter it here
your records. HOME MAKER (see inst.)	
Phone no. (937) 309-8759 Email address LKEETHA189@GMAIL.COM	
Preparer's name Preparer's signature Date PTIN (Check if:
Paid SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/01/2024 P02082703	Self-employed
Preparer Firm's name CIODAI TAVES IIC	578) 965-9522
Use Only Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

LAXMAN KUMAR & MOUNIKA KEETHA

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

	Sequence No. 01
Your soc	ial security number
184-79	-0634

Par	t I Additional Income	•		
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	-13,730.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
!	Prizes and awards	8i		
J	Activity not engaged in for profit income	8j		
K	Stock options	8k		
	Income from the rental of personal property if you engaged in the rental	OI		
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
	Section 951A(a) inclusion (see instructions)	80		
o p	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8g		
ч r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form			
•	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or	,		
•	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente		10	-13,730

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-base	sis government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	a		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	d		
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974		.	
f	Contributions to section 501(c)(18)(D) pension plans		.	
g	Contributions by certain chaplains to section 403(b) plans 24g	9		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	h	-	
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations		.	
j	Housing deduction from Form 2555	j _	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	K	.	
Z	Other adjustments. List type and amount:			
05			0-	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . En	nter here and on		
	Form 1040, 1040-ŠR, or 1040-NR, line 10		26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041,

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/ScheduleE for instructions and the latest information.

2023
Attachment Sequence No. 13

Name(s) shown on return Your social security number LAXMAN KUMAR & MOUNIKA KEETHA 184-79-0634 Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . ☐ Yes 1a Physical address of each property (street, city, state, ZIP code) H.NO: 9-100/2, STREET NO 1 LAXMIGANAPATHY COLONY , TATTIANNARAM, HYDERABAD, TELANGANA IN 500068 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 350 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 650. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 880. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 1,845. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 3,102. 14 Repairs 3,854. 15 Supplies 15 16 16 Taxes 17 Utilities 17 1,845. 18 2,854. 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 14,380. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -13,730.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 13,730.) 650. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b 23c Total of all amounts reported on line 12 for all properties 2,854. 23d Total of all amounts reported on line 18 for all properties 23e 14,380. Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 13,730. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

-13**,**730.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 23 Attachment

Sequence No. 70

Taxpayer identification number

LAXI	MAN KUMAR & MOUNIKA KEETHA	184-79-063	4		
repare	's name	Preparer tax identification	ation numl	ber	
SYAI	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part	Due Diligence Requirements				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the return benefit(s) claimed (check all that apply).		the rel		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided I	by the taxpayer	Yes	No	N/A
	or reasonably obtained by you?		×		
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form s, or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you nathe following.	nust do both of			
	• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	's responses to			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) an status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsis answer questions 4a and 4b. If " No ," go to question 5.)	tent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent inf	formation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirer keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) processes that you relied on to determine eligibility for the credit(s) and/or HOH filing states.	7, a copy of any o prepare Form provided by the			
	the amount(s) of the credit(s)		×		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	return if his/her	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous		X		
-	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	,			
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)?			П	

orm 8	867 (Rev. 11-2023)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a		Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer			
D	has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of			
	more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or	F 3.		
	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
	statement to the return?	×		
Part	U I		Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part			Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the ta	x year	Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responding your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	the refor HOH	turn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed; 	list for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instru	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble worl	ksheet(s) was
	A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	payer's ınt(s) of	respon the cre	ses, to edit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	:h failur).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct	t. and	Yes	No
	complete?		X	



or for fiscal year ending _____/____

Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

Α 184-79-0634 1979 989-91-3312 1987 LAXMAN KUMAR KEETHA MOUNIKA KEETHA 9952 HOLY LN GS DES PLAINES IL60016 LKEETHA189@GMAIL.COM B Filing status: Single Married filing jointly Married filing separately Widowed Head of household C Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.

You

Spouse D Check the box if this applies to you during 2023: X Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR Step 2: Income 115,471.00 1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. 1 2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. 2 .00 Other additions. Attach Schedule M. 3 .00 115,471.00 4 Total income. Add Lines 1 through 3. Step 3: Base Income Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. Staple W-2 and 1099 forms here Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1. Ln. 1. 7 Other subtractions. Attach Schedule M. Add Lines 5, 6, and 7. This is the total of your subtractions. Illinois base income. Subtract Line 8 from Line 4. 115,471.00 Step 4: Exemptions - See instructions for income limitations 10 a Enter the exemption amount for yourself and your spouse. See instructions. \square You + \square Spouse # of checkboxes X \$1,000 = **b** Check if 65 or older: c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes **X** \$1,000 = d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. 0.00 Attach Schedule IL-E/EIC. 4,850.00 Exemption allowance. Add Lines 10a through 10d. 10 Step 5: Net Income and Tax Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR. 11___ **Residents:** Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. 891.00 12 Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. 13 .00 Staple your check and IL-1040-V 891.00 Income tax. Add Lines 12 and 13. Cannot be less than zero. **Step 6: Tax After Nonrefundable Credits** 15 Income tax paid to another state while an Illinois resident. Attach Schedule CR. .00 15 Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. Attach Schedule ICR. 16 00 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. .00 0.00 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. 18 891.00 Tax after nonrefundable credits. Subtract Line 18 from Line 14. **Step 7: Other Taxes** 20 Household employment tax. See instructions. 20 .00 21 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table 0.00 21 in the instructions. Do not leave blank. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. .00 **23** Total Tax. Add Lines 19, 20, 21, and 22. 23 891.00



24 Total	al tax from Page 1, Line 23.					24	891 . 00
Step 8:	Payments and Refundab	le Credit					
25 Illino	is Income Tax withheld. Attac	h Schedule IL-W	IT.		25	930.00	
	mated payments from Forms I						
	iding any overpayment applie				26	.00	
	s-through withholding. Attach				27		
	s-through entity tax credit. Atta ned Income Credit from Sched			ttach Schodulo II E/EIC	28	.00	
	il payments and refundable				. 29	.00 30	930.00
		Cledit. Add Lines	20 tillough	23.			
Step 9:		.htmaat Lina O4 foor	- Line 20			24	39.00
	າe 30 is greater than Line 24, ຣເ ne 24 is greater than Line 30, ຣເ					31 32	.00
	-			nations		<u> </u>	.00
•	: Underpayment of Estim -payment penalty for underpa		•	mations	33	.00	
	Check if at least two-thirds c	-		s from farming	<u> </u>	.00	
	Check if you or your spouse			_	g home.		
	Check if your income was no		-	-	-	n Form IL-221	10.
	Attach Form IL-2210.						
_	Check if you were not requir			Income Tax return in		ear.	
	ntary charitable donations. At				34	.00	
	l penalty and donations. Ad		1.			35	.00
-	: Refund or Amount you						
-	u have an amount on Line 31	and this amount	s greater th	an Line 35, subtract l	Line 35 from Line 3		20.00
	is your overpayment .	unded to you. Ch	ook ana box	can Line 20. Cae inch	tructions	36 37	39.00 39.00
	unt from Line 36 you want ref	unded to you. Or	ieck one box	CON LINE 36. See Insi	iructions.	31	39.00
	oose to receive my refund by			1.02.1			
a 🗵	direct deposit - Complete t			ieck this box.			
	You may also contribute to college savings funds	outing number	0 4 4 0	0 0 0 3 7	X Checkin	g or Savir	ngs
		ccount number 8	3 9 5 1	2 1 2 0 7			
ьг	paper check.						
	unt to be credited forward. Su	ubtract Line 37 fro	m Line 36 9	See instructions		39	.00
					- n 1 in a 24 - and th		.00
_	ou have an amount on Line 3 ss than Line 35, subtract Line		-				
	Line 35. This is the amount			aliu 32 ale bialik (26	enter the and	40	.00
-	2: Health Insurance Chec	_					
	Check this box and include you agencies in order to determin						
	agendes in order to determin	e your enginity it	n nealth ins	urance benefits. See	instructions for the	ore illioilliatioi	1.
Signatu	ire - Note: If this is a joint retur	n, both you and yo	ur spouse m	nust sign below.			
Under po	enalties of perjury, I state tha	t I have examine	d this return	, and to the best of r	ny knowledge, it i	s true, correc	t, and complete.
0:							
Sign Here	Your signature	Date (mm/dd/yyyy)	Spouse's sign	nature	Date (mm/dd/yyyy)	Daytime phone	number
mere						(937) 309	9-8759
Deid	Print/Type paid preparer's name		Paid prepare	r's signature	Date (mm/dd/yyyy)	Check if	Paid Preparer's PTIN
Paid Preparer	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/01/2024						P02082703
Use Only	Firm's name	TAXES LLC			Firm's FEIN	84317196	5
	Firm's address > 245 ROO	ONEY CT E	BRUNSWIC	KNJ 08816	Firm's phone	(678) 965	5-9522
Third	Designee's name (please print)			Designee's phone num	nber	Check if the	e Department may
Party				()			eturn with the third
Designee				, ,			e shown in this step.
	Refer to the 202	3 II _1040 Inc	truction	s for the addre	se to mail vo	ıır retiirn	

IL-1040 Back (R-12/23) DR______ AP_____ RR DC IR ID ID: 3WM REV 01/23/24 PRO





Illinois Department of Revenue 2023 Schedule NR

Attach to your Form IL-1040

Nonresident and Part-Year Resident Computation of Illinois Tax IL Attachment No. 2

	LAXMAN KUMAR & MOUNIKA KEETHA	1 8 4 _ 7 9 _ 0 6 3 4
	Your name as shown on your Form IL-1040	Your Social Security number
S	tep 1: Provide the following information	
1	Were you, or your spouse if "married filing jointly," a full-year resider	nt of Illinois during the tax year?
	Yes X No If you answered "Yes," STOP you	ou cannot use this form (see instructions).
2	If you, or your spouse if "married filing jointly," were a part-year resid	dent during the tax year, tell us your residency dates for 2023.
a	I lived in Illinois from// <u>2_3</u> to// <u>2_3</u> I Month Day Year Month Day Year	lived in from / / <u>2 3</u> to / / <u>2 3</u> State Month Day Year Month Day Year
k	My spouse lived in Illinois from/ / <u>2 3</u> to/ / <u>2</u> . Month Day Year Month Day Ye	
3	If you were a resident of any of the states listed below during the tax was in the military, or if you elected to use your service member spo	x year, if you were in Illinois only to accompany your spouse who ouse's state of residence for tax purposes, check the appropriate box.
	☐ Iowa ☐ Kentucky ☐ Michigan	Wisconsin Military Spouse
4	List any state other than Illinois or any states already indicated on Lienter the two-letter abbreviation of that state.	ine 2 or 3 above, that you claimed residency for tax purposes in 2023.
		
S	ten 2: Complete Form II -1040	

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

			Column A Federal Total	Column B Illinois Portion
5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	5 _	129,201.00	<u>18,791.00</u>
6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 _	.00	.00
7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7 _	.00	.00
8	Taxable refunds, credits, or offsets of state and local income taxes			
	(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8 _	.00	.00
9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9 _	.00	.00
10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10 _	.00	.00
11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 _	.00	.00
12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 _	.00	.00
13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	.00
14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 _	.00	.00
15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
	(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15_	-13 , 730. 00	0.00
16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16 _	.00	.00
17	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 _	.00	.00
18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 _	.00	.00
19	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9	9)		
	Include winnings from the Illinois State Lottery as Illinois income in Column B.	19 _	.00	
20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total in Continue with Step 3 on Page 2	- K	20	18,791.00

Continue with Step 3 on Page 2



Schedule NR - Page 2

Step	3: Continued - Adjustments to Income		Column A Federal Total	Column B Illinois Portion
21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	<u>18,791.00</u>
22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22 _	.00	.00
23	Certain business expenses of reservists, performing artists, and fee-basis			
	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24 _	.00	
25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,		•	
00	·			.00
	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26 _	.00	
21	Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	27	.00	
28	Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	_		.00
29			.00	.00
30				.00
31				.00
32				.00
_	RESERVED	32 I	.00	.00
	Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	_		.00
			.00	.00
	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal	JJ _	.00	.00
30	adjustments to income.		36	.00
27	•	27	115,471.00	00
		_		
38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	ss in	come. 38	<u>18,791.00</u>
	tructions for Column B to properly complete this step.		Form IL-1040 Total	Illinois Portion
	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)		.00	
40		40 _	.00	.00
41	Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.			
				18,791.00
43	Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42 _		
	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,	_	.00	18,791.00
	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	_	.00	
	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7)	_	.00 .00 .00	.00 .00 .00
	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	43 _	.00	
45	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7)	43 _	.00 .00 .00	.00 .00 .00
Step	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax	43 _	.00 .00 .00	.00 .00 .00
Step	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is	43 _	.00 .00 .00	.00 .00 .00 .00 .00
Step	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	43 _	.00 .00 .00 45	.00 .00 .00
45 Step 46	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.	43 ₋ 44 ₋	.00 .00 .00 45	.00 .00 .00 .00 .00
45 Step 46	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9.	43 ₋ 44 ₋	.00 .00 .00 45	.00 .00 .00 .00 .00
45 Step 46	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate	43 ₋ 44 ₋	.00 .00 .00 45 46	.00 .00 .00 .00 .00
45 Step 46	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	43 ₋ 44 ₋ 47 ₋	.00 .00 .00 45 46 115,471.00	.00 .00 .00 .00 .00
45 Step 46 47 48 49	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10.	43 ₋ 44 ₋ 47 ₋	.00 .00 .00 45 46 115,471.00	.00 .00 .00 .00 .00
45 Step 46 47 48 49	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	43 ₋ 44 ₋ 47 ₋	.00 .00 .00 .45 46 .115,471.00 0 • 163 4,850.00	18,791.00 .00 .00 .00 .00 .00 .00
45 Step 46 47 48 49 50	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	43 ₋ 44 ₋ 47 ₋	.00 .00 .00 45 46 115,471.00	.00 .00 .00 .00 .00
45 Step 46 47 48 49 50	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income.	43 ₋ 44 ₋ 47 ₋	.00 .00 .00 .45 46 .115,471.00 0 • 163 4,850.00	18,791.00 .00 .00 .00 .00 .00 .18,791.00
45 Step 46 47 48 49 50 51	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	43 _ 44 _ 47 _ 48 _ 49 _	.00 .00 .00 .45 46 .115,471.00 0 • 163 4,850.00 50	18,791.00 .00 .00 .00 .00 .00 .00 .00 .791.00
45 Step 46 47 48 49 50 51	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11.	43 _ 44 _ 47 _ 48 _ 49 _	.00 .00 .00 .45 46 .115,471.00 0 • 163 4,850.00 50	18,791.00 .00 .00 .00 .00 .00 .00 .00 .791.00
45 Step 46 47 48 49 50 51	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11. Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero.	43 _ 44 _ 47 _ 48 _ 49 _	.00 .00 .00 .45 46 .115,471.00 0 • 163 4,850.00 50	18,791.00 .00 .00 .00 .00 .00 .00 .00 .791.00





Illinois Department of Revenue

2023 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.

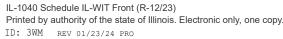
Form Type	Letter Code for Column A	Form Type	Letter Code for Column A	
W-2	W-2 W		D	
W-2G	WG	1099-INT	I	
1099-R	-R R		S	
1099-G	G	1099-B	В	
1099-MISC	1099-MISC M		K	
1099-OID	0	1099-NEC	N	

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

LAXMAN KUMAR F		1 8 4	4 _ 7	<u> </u>	<u> </u>	3 4	
Your name as shown	n on Form IL-1040		Your Social Se	curity number			
Column A Form type	Column B Employer/Payer Identification Number		mn C Winnings, Gross Impensation, etc.	Illinois Wages,	umn D Winnings, Gros compensation, e	s Illino	umn E s Income Vithheld
1 <u>W</u>	58-1760235 000 1	\$1	.8,791 .00	\$	L8 , 791 ₀00	\$	930 .00
2		\$	•00	\$	•00	\$	<u>•00</u>
3		\$	•00	\$	•00	\$	<u>•00</u>
4		\$	•00	\$	•00	\$	<u>•00</u>
5		\$	<u>•00</u>	\$	•00	\$	•00
ing) MOUNIKA KEETHA	spouse's withholding re	·	9 8	1099 forms t	1 3		
ing) MOUNIKA KEETHA	as shown on Form IL-1040 Column B Employer/Payer	Colui Federal Wages, \	9 8 9 Your spouse's 9 mn C Winnings, Gross	9 _ 9 Social Security r Coli Illinois Wages,	1 number umn D Winnings, Gros	3 3 Col	1 2 umn E
MOUNIKA KEETHAYOUR spouse's name	as shown on Form IL-1040 Column B	Colui Federal Wages, \	9 8 9 Your spouse's	9 _ 9 Social Security r Coli Illinois Wages,	1 3 umber	3 3 Col	1 2 umn E
MOUNIKA KEETHA Your spouse's name Column A Form type	Column B Employer/Payer Identification Number	Colui Federal Wages, \ Distributions, Co	9 8 9 Your spouse's 9 mn C Winnings, Gross	9 _ 9 Social Security r Coli Illinois Wages,	1 number umn D Winnings, Gros compensation, e	3 3 Col	1 2 umn E
MOUNIKA KEETHA Your spouse's name Column A Form type 6 7	as shown on Form IL-1040 Column B Employer/Payer Identification Number	Colui Federal Wages, V Distributions, Co	9 8 Your spouse's mn C Winnings, Gross ompensation, etc.	9 9 Social Security r Colu Illinois Wages, Distributions, C	1 – Sumber umn D Winnings, Grose compensation, e	Colles Illinoistc. Tax	1 2 umn E s Income Withheld -•00
MOUNIKA KEETHA Your spouse's name Column A Form type 6 7	Column B Employer/Payer Identification Number	Colui Federal Wages, V Distributions, Co	9 8 Your spouse's amn C Winnings, Gross ampensation, etc. •00	9 9 Social Security r Coli Illinois Wages, Distributions, C	1 – Sumber umn D Winnings, Grose compensation, e	Coles Illinoitc. Tax	1 2 umn E s Income Withheld -•00
MOUNIKA KEETHA Your spouse's name Column A Form type 6 7 8	as shown on Form IL-1040 Column B Employer/Payer Identification Number	Colui Federal Wages, N Distributions, Co \$ \$	9 8 Your spouse's amn C Winnings, Gross ampensation, etc. •00 •00 •00	9 9 Social Security r Colu Illinois Wages, Distributions, C	umn D Winnings, Gros compensation, e	Colles Illinoistc. Tax	1 2 umn E s Income Withheld •00 •00 •00

→ Attach all Schedules IL-WIT to your IL-1040. ←

additional copies you attached). This is the total amount of your Illinois income tax withheld.



Enter this amount here and on Form IL-1040, Line 25.

93<u>0**.00**</u>

11 \$



Illinois Department of Revenue

		_						_				
		•	S	ubmi	ssior	ı ID						

2023 IL-8453 Illinois Individual Income Tax Electronic Filing Declar	atior
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	(Do not mail Form	·	artment of Revenue un	less it is requested for review.)
Step			THA	1_8_47_90_6_3_4 Social Security number
Print		spouse's first name (and last name if diffe	erent) Last name	-
or	9952 HOLY LN GS Mailing address			
type	DES PLAINES	IL	60016	(937) 309-8759
	City	State	ZIP	Daytime phone number
Sten	2: Complete informati		Choose one:	
•	Net income from Form IL-10		Oncode one.	1 18,000 00
	Tax from Form IL-1040 or IL	•		2891 <u>00</u>
		from Form IL-1040 or IL-1040->	K. Line 25 only (enter " 0 " if r	0001
		1040, Line 36 or IL-1040-X, Line	- ,	4 391_ 00
5	Total amount due from Forn	n IL-1040, Line 40 or IL-1040-X,	Line 38	5l <u>00</u> _
6 F	Filing status: Single 🔰	Married filing jointly Mar	ried filing separately Wi	idowed Head of household
does within 7 F 8 A 9 1 10 E 11 E 12 F	not support international AC to the United States or those Routing no. (RN): 0 4 Account no. (AN): 8 9 Type of account: X Che Date the payment is to be e Electronic funds withdrawal Name on account:	CH transactions. IDOR will only p not funded by international funds $\frac{4}{0}$ $\frac{0}{0}$ $\frac{0}{0}$ $\frac{0}{0}$ $\frac{3}{3}$ $\frac{7}{0}$ $\frac{5}{0}$ $\frac{1}{0}$ $\frac{2}{0}$ $\frac{1}{0}$ $\frac{2}{0}$ $\frac{0}{0}$ $\frac{7}{0}$ cking Savings lectronically withdrawn:/_ amount: I $\frac{00}{0}$	erform direct transactions (e.s. Electronic payments will no	ed within the electronic transmission. Illinois g., debit, deposit) with financial institutions located by the accepted and refunds will be via paper check — ——
Step	4: Taxpayer declaration	n and signature (Sign only a	after completing Step 2 a	and, if applicable, Step 3.)
×	I consent that my refund correct. If I have filed a jo	may be directly deposited as de pint return, this is an irrevocable	esignated in Step 3 and deck appointment of the other sp	are the information on Lines 7 through 9 is ouse as an agent to receive the refund.
	withdrawal as designated financial institutions invo	in the electronic portion of my 20	023 Illinois Original or Amend ctronic overpayment of taxes	gent to initiate an ACH electronic funds led Individual Income Tax return. I authorize the to receive confidential information
	I do not want direct depo	sit of my refund, or an electronic	c funds withdrawal (direct de	bit) of my balance due.
returr and a	n originator (ERO) are identic accompanying information ma accepted or rejected. If rejec	al. To the best of my knowledge, ay be sent to IDOR by my ERO. I	my return is true, correct, and authorize IDOR to inform my	and the information I provided to my electronic complete. I consent that my return, this declaration ERO and/or the transmitter when my return has y be corrected and retransmitted if possible.
here	Your signature	Date	Spouse's signature	(if joint return, both must sign) Date
I dec	lare that I have examined the mation. I have followed all re		-1040 or IL-1040-X, the info d declare, under penalties of	rmation on this Form IL-8453, and accompanying perjury, that to the best of my knowledge the Check if paid preparer: (See instructions.)
	ERO's signature		Date	
ERO	GLOBAL TAXES LLC			P 0 2 0 8 2 7 0 3
use	Firm's name or your name if self-e	mployed		Your PTIN
only	245 ROONEY CT			8 4 - 3 1 7 1 9 6 5 Federal employer identification number (FEIN)
,	Mailing address		00015	
	E BRUNSWICK	NJ	08816	(678) 965-9522

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

<u>Do not mail</u> Form IL-8453 and these documents unless requested for review.





2023 Ohio IT 1040

Individual Income Tax Return



23000198

Sequence No. 1

Use only black ink/UPPERCASE letters. Use whole dollars only.

AMENDED RETURN - Check here and include Ohio IT RE.

Primary taxpayer's SSN (required) 184 79 0634

✓ If deceased

Spouse's SSN (if filing jointly) 989 91 3312

✓ If deceased

NOL CARRYBACK - Check here and include Schedule IT NOL.

School district # 8304

First name

LAXMAN KUMAR

M.I. Last name KEETHA

Spouse's first name (if filing jointly)

MOUNIKA

M.I. Last name

KEETHA

*Indicate state

Address line 1 (number and street) or P.O. Box

9952 HOLY LN

Address line 2 (apartment number, suite number, etc.)

APT GS

City

State

ZIP code

Ohio county (first four letters)

DES PLAINES

IL 60016

FRAN

Filing Status - Check one (as reported on federal income tax return)

Foreign country (if the mailing address is outside the U.S.)

Residency Status - Check only one for primary

Foreign postal code

	X Resident Part-year Nonresident* resident*					Single, head of household or qua	alifying surviving spouse				
	Che X	eck only one for spo Resident	puse (if filing jointly) Part-year	Nonresident*	*Indicate state	× Married filing jointly	Spouse's SSN				
clip.	Primary meets the five criteria for irrebuttable presumption as nonresident. Spouse meets the five criteria for irrebuttable presumption as nonresident. Spouse meets the five criteria for irrebuttable presumption as nonresident. If someone can claim you (or your spouse independent, check here.) 1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box										
Do not staple or paper	2a.	Additions — Ohio Sc	chedule of Adjustme	nts, line 11 (incl	,	2a.	115471				
Do no	3.	Ohio adjusted gross	s income (line 1 plus	s line 2a minus li	ine 2b). Place a "-" in t	the box if negative3.	115471				
			,	•	if applicable) pendents, if applicable:	•	3800				
						5. ude schedule)6.	111671				
	7.	Taxable nonbusines	ss income (line 5 mi	nus line 6; if neg	ative, enter zero)	7.	111671				



MM-DD-YY

REV 01/16/24 PRO

2023 Ohio IT 1040



184 79 0634 SSN:

Individual Income Tax Return

27. REFUND (line 24 minus lines 25 and 26g)	R REFUND ▶ 27.	1344
d. Ohio History Fund e. Nature Preserves/Scenic Rivers f. Breast/Cervical Cancer	Total26g.	
25. <u>Original return only</u> – portion of line 24 carried forward to next year's tax liability	25.	
24. Overpayment (line 20 minus line 13)	24.	1344
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include the Ohio Universal Payment Coupon (OUPC) and make check payable to "Ohio Treasurer of State"	OUNT DUE ▶ 23.	
22. Interest due on late payment of tax (see instructions)	22.	
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	21.	
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.		
20. Line 18 minus line 19. Place a "-" in the box if negative	20.	3709
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return	19.	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	3709
17. <u>Amended return only</u> – amount previously paid with original and/or amended return	17.	
16. Refundable credits – Ohio Schedule of Credits, line 44 (include schedule)	16.	
15.Estimated and extension payments, and credit carryforward from last year's return	15.	
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	3709
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13.	2365
12.Unpaid use tax (see instructions)		
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)		
		2000
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)		2365
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule)	9.	460
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	2825
8b. Business income tax liability – Ohio Schedule of Business Income, line 16 (include schedule)	8b.	
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	2825
7a. Amount from line 7 on page 1	7a.	111671

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature

_ Phone number <u>(937)309-875</u>9

Spouse's signature _ Date _

Preparer's printed name SYAM PRIYA RAM SAGAR GUP

Phone number (678) 965-9522

REV 01/16/24 PRO

Authorize your preparer to discuss this return

Non-paid preparer

PTIN: P 02082703

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

> NO Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



2023 Ohio Schedule of Credits

Use only black ink. Use whole dollars only. Primary taxpayer's SSN $184 \ \ 79 \ \ 0634$



23280198

Sequence No. 7

Many of these credits <u>must</u> be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

Nonrefundable Credits

1.	lax liability before credits (from Ohio IT 1040, line 8c)	1.	2825
2.	Retirement income credit (include 1099-R forms)	2.	
3.	Lump sum retirement credit (include a copy of the worksheet and 1099-R forms)	3.	
4.	Senior citizen credit (must be 65 or older to claim this credit)	4.	
5.	Lump sum distribution credit (include a copy of the worksheet and 1099-R forms)	5.	
6.	Child care & dependent care credit (include a copy of the worksheet)	6.	
7.	Displaced worker training credit (include a copy of the worksheet and all required documentation)	7.	
8.	Campaign contribution credit for Ohio statewide office or General Assembly	8.	0
9.	Exemption credit	9.	0
10.	Total (add lines 2 through 9)	10.	0
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)	11.	2825
12.	Joint filing credit (see instructions for table). % times line 11, up to \$650	12.	0
13.	Earned income credit	13.	
14.	Home school expenses credit (include copies of all required documentation)	14.	
15.	Scholarship donation credit (include copies of all required documentation)	15.	
16.	Nonchartered, nonpublic school tuition credit (include copies of all required documentation)	16.	
17.	Credit for work-based learning experiences (include a copy of the credit certificate)	17.	
18.	Ohio adoption credit carryforward	18.	
19.	Nonrefundable job retention credit (include a copy of the credit certificate)	19.	
20.	Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	20.	
21.	Credit for the beginning farmers financial management program (include a copy of the credit certificate)	21.	
22.	Welcome Home Ohio credit (include a copy of the credit certificate)	22.	
23	Credit for sale/rental of agricultural assets to beginning farmers (include a conv of the credit certificate)	23	



2023 Ohio Schedule of Credits

Primary taxpayer's SSN 184 79 0634



27. Opportunity zone investment credit (include a copy of the credit certificate)27. 0 2825 **Residency Credits** 460 460 **Refundable Credits** 40. Refundable job creation credit & job retention credit (include a copy of the credit certificate)40. 41. Pass-through entity credit (include a copy of all Ohio IT K-1s)41.



2023 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters. Use whole dollars only.



Sequence No. 11

Primary taxpayer's SSN

184 79 0634

List your and your spouse's (if filing jointly) income statements **only if they have Ohio withholding**. In the "P/S" box, if the income statement belongs to the primary taxpayer, enter "P"; if the income statement belongs to the spouse, enter "S". If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies of this schedule if necessary. Include state copies of your income statements.

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 10401. 3709

Part B -	- W-2 <u>s</u>		
1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
Р	133924155	110410	14019
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	52432251	110410	3709
	52452251	110410	3703
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	Box 13 - Employer's Onlo ID Humber	BOX 10 - Office wages, tips, etc.	Box 17 - Onlo income tax
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5 D/C	David FIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
5. P/S	Box b - EIN	BOX 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
0. 170	BOX 5 - EIIV	Zox : 'ragos, aps, caror compensation	
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		•	
		B 40 011	D 45 011 1
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



2023 Schedule of Ohio Withholding Primary taxpayer's SSN

184 79 0634





Dord O	4000 B-	184 79 0634		Sequence No. 12
	1099-Rs Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
Dowl D	W 00-			
<u>Part D -</u> 1. P/S	W-2Gs Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
Don't E	4000 NEO-			
1. P/S	1099-NECs Payer's TIN	Box 1 - Nonemployee compensation	Box 4 -	Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 -	Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld



2023 IT RC

Ohio Resident Credit Calculation Use black ink only. Use whole dollars only. Primary taxpayer's SSN

23380198

184 79 0634

This form is for individuals who were subjected to individual income tax by another state or the District of Columbia while a resident of Ohio. Full-year nonresidents are not entitled to this credit and should not use this form. Include a copy when filing your Ohio IT 1040.

List any income taxed and any taxes paid to each state and/or the District of Columbia. Do not include income earned or received in states without an income tax. Only income included in your Ohio adjusted gross income is eligible for this credit. **Important:** Do not list any income in Column A if you do not have tax paid in Column B. Do not list a tax paid in Column B if you do not have income taxed in Column A.

(A) Income Taxed	(B) Tax Paid	(A) Income Taxed	(B) Tax Paid		(A) Income Taxed	(B) Tax Paid
AL	KS			NH		
AR	KY			NJ		
AZ	LA			NM		
CA	MA			NY		
СО	MD			ОК		
СТ	ME			OR		
DC	MI			PA		
DE	MN			RI		
GA	MO			sc		
HI	MS			UT		
IA	MT			VA		
ID	NC			VT		
IL 18791	891 ND			WI		
IN	NE			WV		
4. Course of all Colours A	amounts			4		18791
	amounts					891
	income (from Ohio IT 1040	•				115471
•	 Carry to four digits withousedits, line 35 minus Ohio S 			4.		0.1627
			•	5.		2825
	5			6.		460
Schedule of Credits,	it. Enter the lesser of line 2 line 37			7.		460



Form R	MARYSVILLE CITY 2022 INCOME TAX RETURN 2022				Fiscal Years Fill in Dates Beginning Ending			
Eleber	THIS RETURN MUST BE FILED BY EVERYONE REQUIRED TO SUBMIT A DECLARATION OF ESTIMATED TAX EVEN THOUGH DECLARATION WAS ACCURATE AND PAID IN FULL.				And File Within 4 Months of Ending Date			
OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY							⁄es	No
INDICATE SOLE PROPRIETO	PRSHIP		ARE YOU A RESIDEN	l T?....			×	
WHETHER	LOYEE OTHER		DID YOU FILE A RETU			-		
ACCOUNT NUMBER	ACCOUNT TYPE	SSN HAS INTERNAL REVENUE SERVICE			E INCREASED YOUR			
		184-79-0634						
Date moved in		Spouse SSN	IF SO, HAS AN AMENI BEEN FILED?	DED INCOME	TAX RETURN			
Date moved out		989-91-3312	YOUR LOCAL PHONE	NUMBER	(937)309-87	759	
LAXMAN KUMAR KEET: MOUNIKA KEETHA 9952 HOLY LN APT			This Space	For Tax O	ffice Use Only			
DES PLAINES	GB	IL 60016						
Your Name, Address and Social Secur On Our Records. Make Corrections WI Missing. Attach Copy of Federal Return Otherwise, Returns Will Be Questioned	rity Number/Federal ID Number Are Pri here Necessary. Add Social Security N n And Schedules in Lieu of Page 2 Sch d if all lines Applicable to Taxpayer Are		_					
	Vhere Employed, And 2022		Bonuses, Commissi	ons, Tips,	Etc. Attach C	opy Of W-2	Forr	n(s)
Employer's Name (Attac	ch Copy of W-2 Form(s))	City Where	City Where Employed City Ta		Withheld	Wages, Etc		
COGNIZANT TECHNOLOGY					1656		110	410
1 a TOTALS (if above is fully taxable and your only income, go next to Line 7)						110	410	
INCOME 2 OTHER INCOME: FROM PAGE 2							110	110
	OT DEDUCTIBLE (FROM LIN		_	LD)			TIU	410
	OT TAXABLE (FROM LINE L	,						
ADJUST- C DIFFERENCE	CE BETWEEN LINES 4a and b TO E	,	<u></u>	-)				
INCOME 5 a ADJUSTED NET INCOME (Line 3 plus or minus Line 4c if Schedule X is used)					<u> </u>		110	410
	f Line 5a Allocable (om step 5 Schedule Y)					
c LESS ALL	OCABLE NET LOSS PER PI	REVIOUS INCOME TAX	RETURNS (Submit So	chedule) .				
6 AMOUNT SUBJECT TO MARYSVILLE CITY INCOME TAX (Line 5a OR 5b LESS LINE 5c)					NE 5c)		110	410
	ILLE CITY TAX RATE						1	656
	: a Tax withheld by employe				1656			
ALLOTTABLE	b Payments and credits orc Earned income	n 2022 Declaration of Est	imated Tax [
CREDITS	taxes paid City of		individuals only)					
		TOTAL CREDITS ALLO	WABLE				1	656
	JE (Line 7 Less Line 8) Mak	•		en Filing				
10 OVERPAYMENT CLAI Enter Amount of line 10	IMED (If Line 8 Exceeds Line	7, Enter Difference in Bo our 2023 Estimated Tax			0			
Litter Amount of line 10								
DECLARATION OF ESTIMA			т т		ı			
11 Total Income Subject to	o Tax	x	°					
	d 				'			
13 Total Estimated Tax (Line 11 - Line 12)								
	e (Line 13 - Line 14)							
	mated Payment Due (1/4 of L							
	eturn (Add Lines 9 and 16)	•						
I CERTIFY I HAVE EXAMINED THIS F IT IS TRUE, CORRECT AND COMPLI	RETURN INCLUDING ACCOMPANYIN ETE AND THAT THE FIGURES USED	IG SCHEDULES AND STATEME HEREIN ARE THE SAME AS FO	ENTS AND TO THE BEST OF OR FEDERAL INCOME TAX I	MY KNOWLE PURPOSES.	EDGE AND BELIEF	OHYB990	01 09	/27/16
SYAM PRIYA RAM SAG	GAR GUPTA TALLAM O NG IF OTHER THAN TAXPAYER		NATURE OF TAXPAYER OR	AGENT				DATE
GLOBAL TAXES LLC								
245 ROONEY CT								
E BRUNSWICK	NJ 088		WATURE OF ORCUPE					DATE
ADDRESS OR NAME AND ADDRESS			NATURE OF SPOUSE	6.11.1	0 1:==	П <i>-</i>		DATE
If this return was prepared by a tax	practitioner, may we contact your p	ractitioner directly with questio	ns regarding the preparatio	n of this retu	rn? YES	NO		